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Bib Data Sheet

CONFIRMATION NO. 4848

SERIAL NUMBER 10/010,651	FILING DATE 12/06/2001 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. PC11839A
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APPLICANTS

Harry R. Howard JR., Bristol, CT;

**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/272,619 03/01/2001
DR

**** FOREIGN APPLICATIONS *******

No *DR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/25/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance
Verified and Acknowledged	<i>DR</i> <i>DR</i> Examiner's Signature Initials

ADDRESS

23913

TITLE

Combination treatment for anxiety, depression, obsessive compulsive disorder and psychosis

FILING FEE RECEIVED 938	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit